

Hypnosis

A Report of the C.M.A. Committee on Mental Health

TODAY the press, radio and television highlight the use of hypnosis as an easy, spectacular and magical approach to the relief of pain and the rapid dissolution of physical symptoms, and for entertainment of an unusual type.

The public, in increasing numbers, is requesting the use of hypnosis for relief or cure of a multiplicity of symptoms. "Quickie Courses," on hypnosis, sponsored by mixed professional and lay groups are being offered as the use of this medical tool increases in popularity. Some courses are offered for entertainment purposes and may be "taken" by the way of records or correspondence.

The public is being misled, unproved claims are being made and the use of hypnosis is being oversimplified and events overdramatized.

Improper use of hypnosis can be very dangerous to some people (both patient and hypnotist himself). Study has shown the onset of a large number of untoward events, including psychosis, in the artificial masking of organic problems by improper use of hypnosis.

The nature of hypnosis renders its inappropriate use particularly hazardous. For hypnosis to be used safely, even for the relief of pain or for sedation, more than a superficial knowledge of the dynamics of human motivation is essential.

Experience has shown that many untoward complications do not present themselves for some time after the use of hypnosis. In fact, several homicidal and suicidal events have occurred in association with the use of hypnosis.

The C.M.A. has a duty to inform the public and its own members about the dangers of hypnosis and the limits of its proper use.

Hypnosis is a specialized medical procedure and as such is an aspect of medical practice. Hypnosis provides an adjunct to research, to diagnosis and to treatment in medical practice.

Hypnosis is appropriately and properly used in the course of therapy only when its employment serves therapeutic goals without causing undue risks to the patient. With selected patients, it can be used for sedative, analgesic and anesthetic purposes; for the relief of apprehension and anxiety; and for symptom suppression.

Hypnosis or hypnotic treatment, as in any other medical procedure, calls for all examinations necessary to a proper diagnosis and to the formulation of the immediate therapeutic needs of the patient.

The technique of induction of the trance state is by far the least important of the many facets of the hypnotic procedure and under no circumstances should it be taught or used independently.

Proper safeguards for the use of hypnosis are vitally important to patients, to physicians and to the general public. In the interest of encouraging the safe use of hypnosis, the following principles are presented:

1. Physicians practicing hypnosis should do so only in their particular field of medical competence.

2. The need for continued study of hypnosis and for adequate research is emphasized, with particular reference to delineating its place in the total treatment program.

3. An expansion of facilities for the teaching of hypnosis is needed particularly at the postgraduate level. The establishment of postgraduate courses in medical schools and other teaching centers, under the direction of the department of psychiatry is recommended.

4. Training in all aspects of hypnosis should be made available to physicians and dentists requesting it.

5. The teaching of hypnosis should be of sufficient duration and depth for physicians or medical students to acquire adequate understanding of its appropriate place in relation to other medical treatment modalities; of its indications and contraindications; of its values and its dangers.

6. The teaching of hypnosis should take place in medical schools where students can acquire adequate knowledge of its principles and application. When taught in such a climate, where students can acquire adequate knowledge of medical and psychiatric principles, hypnosis may become a useful adjunct to therapy.

7. The use of hypnosis for entertainment purposes, because of the harm it may do to certain individuals, should be prohibited by law. This is a dangerous and improper use of hypnosis, as well as degrading to a useful medical tool. (1960 House of Delegates resolution No. 37 requests the introduction of legislation to accomplish this end.)

8. The C.M.A. condemns the advertising of hypnosis for any purpose.

9. The C.M.A. vigorously condemns correspondence or recorded courses in self-hypnosis or hypnosis per se.

The Place of Hypnosis in Medicine

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THE CURRENT CONTROVERSY regarding the place of hypnosis in medicine is another chapter in a cyclic history extending back over the past two centuries. While hypnosis, as a technique, has long been prac-

ticed in primitive cultures going back to the earliest civilization, its use was limited to the medicine men and priests of these early cultures (Greek, Egyptian, Oriental). Today the press, radio and television highlight its use as an easy, spectacular and magical approach for the relief of pain and the rapid dissolution of symptoms. Man has always eagerly sought a rapid and harmless way to ease himself of pain, anxieties, fears and symptoms. In this quest for rapid cures, enthusiastic claims have tended to becloud critical evaluation of hypnosis.

The first medical man to make use of hypnosis was Mesmer who, in Vienna and then in Paris about the year 1778, introduced the concept of "animal magnetism." A study by the French Academy about six years later discredited his work. Over the period of the next half century a number of physicians, in particular, Elliotson, Braid and Esdaile made use of hypnosis in their medical practice. They performed surgical procedures under hypnotic anesthesia with remarkable results and a minute mortality rate. Braid introduced the word "hypnosis" in 1843. Hypnosis had a vogue in the United States during the 19th century. In the *Journal of the American Medical Association*, October 27, 1888, there was a report on hypnosis incorporating certain inclusions as follows:

"One never hypnotizes any subject without obtaining his or her formal consent. Always hypnotize in the presence of a third person. Never give any suggestion other than those for the patient's happiness and health. Public exhibitions of hypnosis should be prohibited by laymen and the use of this agency should be confined exclusively to the medical profession."

These rules still apply three-quarters of a century later.

In the latter part of the 19th century hypnosis came under study in France with Bernheim, Lié-bault and Charcot, the most prominent practitioners. At this time, it was recognized that hypnotic suggestion would remove hysterical symptoms in patients. Freud, after study in Charcot's clinic, returned to Vienna and began to use hypnosis in treating his patients. He soon found that while hypnotic suggestion would remove symptoms, very often the patient would develop other symptoms to replace those that had been removed. In addition, he found that many patients could not be hypnotized. Finally Freud rejected hypnosis as a method of treatment. While Freud's experience has profoundly colored the attitude of psychiatrists since that time, the fact remains that, over the years, many psychiatrists have tried hypnosis as a therapeutic technique and in nearly all cases have discarded it as an unsatisfactory tool. During World War I and again during World War II hypnosis was used on soldiers suffer-

ing battle fatigue and other emotional reactions to the stresses of war. Under hypnosis they could discuss these stressful situations and be relieved of their anxieties in many cases with sufficient improvement to permit their return to the battle lines. In the past fifteen years hypnosis has had an ever increasing interest so that thousands of physicians and dentists across the country now have had experience with it and use it in variable degree in connection with their practice.

In 1826 the Paris Academy of Sciences deliberated for five years on the place of hypnosis in medicine. The British Medical Association reported in 1892 on its use. While these early studies indicated hypnosis had some place in the practice of medicine, the question arose repeatedly as to where it belonged in medicine with particular emphasis upon its indications, limitations and dangers. In November, 1953 the British Medical Association appointed a subcommittee to consider the use of hypnosis in relation to medicine and present day medical practice. The report of this subcommittee was published in a supplement of the *British Medical Journal*, April 23, 1955.

REPORT OF THE BRITISH MEDICAL ASSOCIATION

The report described the hypnotic state as follows:

"A temporary condition of altered attention in the subject which may be induced by another person and in which a variety of phenomena may appear spontaneously or in response to verbal or other stimuli. These phenomena include alterations in consciousness and memory, increased susceptibility to suggestion, and the production in the subject of responses and ideas unfamiliar to him in his usual state of mind. Further phenomena such as anesthesia, paralysis and rigidity of muscles and vasomotor changes can be produced and removed in the hypnotic state."

Among the conclusions of this report are the following:

1. "While hypnotism is of value in the treatment of so-called psychosomatic disorder and psychoneurosis some enthusiastic supporters of this form of treatment fail to enumerate the contraindications and give the impression that it constitutes an approach which should replace all other forms of psychiatric treatment. In the opinion of the subcommittee this view is mistaken. Like other remedies, hypnotism has its indications and contraindications and considerable knowledge and expert judgment are required to decide when hypnotism is likely to help the patient and whether it should be used by itself or as a complement to the other methods of psychotherapy.

"For these reasons, the subcommittee is of the opinion that hypnotism should not be regarded as a specialty independent of psychological medicine.

2. "In addition to the treatment of psychiatric disabilities, there is a place for hypnotism in the production of anesthesia or analgesia for surgical and dental operations, and in unsuitable subjects it is an effective method of relieving pain in childbirth without altering the normal course of labor. It has been claimed that the shock of operative procedures can be mitigated when these are carried out under deep hypnosis but further research is desirable. The amount of work necessary to prepare a patient to undergo surgical operation under hypnotism limits its usefulness.

3. "The dangers of hypnotism have been exaggerated in some quarters. The subcommittee is convinced, however, that they do exist, especially when it is used without proper consideration on persons predisposed, constitutionally or by the effects of disease, to severe psychoneurotic reactions or antisocial behavior. The commission of crimes involving even danger to life is not entirely to be ruled out.

4. "Hypnotism may involve the rapid or immediate development of a relationship between hypnotist and subject of the same order and intensity as is produced more slowly in the course of psychotherapy. The trained psychotherapist must be aware of this relationship as part of the therapeutic process and must recognize its potentiality for harm and be able to deal with it. The application of the hypnotic technique without such knowledge and experience provides no control of the powerful emotions which may be released. For this reason, the subcommittee considers that harm can be done by the application of hypnotism in unsuitable subjects, particularly when it is used by persons indifferent to the well-being of the subject or ignorant of the morbid complications of the hypnotic state.

5. "It is recommended that a description of hypnotism and its therapeutic possibilities, limitations and dangers should be given to medical undergraduates during their psychiatric course.

6. "Instruction in the clinical use of hypnotism should be given to all medical postgraduates training as specialists in psychological medicine and possibly say, to trainee anesthetists and obstetricians, so that they will understand its indications and practical application. The subcommittee holds that no special "gift" is required to induce it; there are various techniques of equal efficacy.

7. "As its work progressed, the subcommittee became convinced of the need for further research into hypnotism. Medical men have hesitated to take a serious interest in a procedure which is so unlike the orthodox methods of medical science. Nevertheless, it is thought that since hypnotism can achieve good results in certain cases and since present theories as to its nature and mode of action are

speculative it constitutes a challenge to medical science."

REPORT OF THE AMERICAN MEDICAL ASSOCIATION

In November, 1956, at the annual meeting of the Council on Mental Health of the American Medical Association with the representatives of the Mental Health Committees of the state medical associations, a subcommittee made a study of the use of hypnosis in medical practice. The Council on Mental Health, constituting itself as a committee of the whole, studied this report over a two-year period and submitted its recommendations at the annual meeting of the American Medical Association in June, 1958. At this time, the report was endorsed by the Board of Trustees and the House of Delegates of the American Medical Association. In the *Journal of the A.M.A.*, September 13, 1958, "A Report on Medical Uses of Hypnosis" was published. The conclusion of this report is as follows:

"General practitioners, medical specialists and dentists might find hypnosis valuable as a therapeutic adjunct within the specific field of their professional competence. It should be stressed that all those who use hypnosis need to be aware of the complex nature of the phenomena involved.

"Teaching related to hypnosis should be under responsible medical or dental direction and integrated teaching programs should include not only the techniques of induction but, also, the indications and limitations for its use within the specific area involved. Instruction limited to induction techniques alone should be discouraged.

"Certain aspects of hypnosis still remain unknown and controversial, as is true in many other areas of medicine and the psychological sciences. Therefore, active participation and high level research by members of the medical and dental professions are to be encouraged. The use of hypnosis for entertainment purposes is vigorously condemned."

While hypnosis has been and is being used for the alleviation or elimination of symptoms or habits, the physician using it should be aware of the dangers involved. It must be realized that symptoms or habits develop for a reason even though the reason in most cases is unknown to the patient. The development of headaches, pruritus, tics, fears, phobias, allergic phenomena and other similar conditions are the results of what is going on within the psychic life of the individual. The headache may be a substitute for a rage reaction, the pruritus or allergic symptoms may be a result of external stimuli which the patient interprets as noxious in nature. Excessive smoking, drinking or eating represent techniques unconsciously developed to handle the disturbing problems in the patient's life. While hypnotic suggestion may alleviate or eliminate these

symptoms, there is always the possibility that new symptoms may arise to take their place. The disappearance of the headache may be followed by tantrums or rage reactions. The elimination of smoking may be followed by overeating. Disappearance of nail biting or finger sucking may be followed by teeth gnashing. Sometimes the anxiety symptom or the phobia may be covering a serious psychiatric disorder and its removal by hypnotic suggestion may be followed by the onset of an acute psychotic reaction. There is an increasing number of cases of untoward reactions following hypnotic procedures. It cannot be too strongly stressed that symptoms represent an attempt at solution of the patient's intrapsychic conflicts and their indiscriminate removal by hypnotic methods may trigger catastrophic results. To remove these symptoms by means of hypnosis without first understanding the personality makeup and psychodynamic factors underlying the symptom may cause a serious disruption in the patient. Physicians should have a basic knowledge of personality structure, character disorders and mental mechanisms in order to avoid the possibility of untoward sequelae.

The results of hypnotic repression may be considered in a manner similar to the housewife who rearranges the furniture in her living room. On moving the furniture around she can make the room look entirely different but fundamentally it contains the same pieces as it had before. Similarly, a patient after hypnotic treatment is still much the same person as he was before even though his headache or tic or phobia apparently has disappeared. Often the patient appears well and may continue well and there is no evidence of any untoward replacement of the offending symptom. In such cases, it may be assumed that hypnotic treatment did benefit the patient. However, there always exists the possibility that at some later date the repressed symptom or some substitute symptom may recur.

In January, 1961, a questionnaire on hypnosis was sent to 830 psychiatrists practicing in California. Of that number 403 psychiatrists responded to the questionnaire of whom 188 had had some experience with hypnosis. Of these, 50 were using it as a psychotherapeutic technique at the time of this survey and of these only 20 found it to be really worthwhile. The majority reported that in their hands it had not proven useful. Complaints included the fact that the results were variable, the induction was too difficult or time consuming, interference with the doctor-patient relationship developed often with increased dependency by the patient. Very frequently, untoward events would occur. Seventy-five psychiatrists reported 114 cases of psychosis triggered by hypnotic measures. Anxiety reactions, panics, sexual acting-outs, depression and

suicidal attempts, were some of the other undesirable results of treatment. Cases were cited where hypnosis induced psychopathological states in the hypnotist himself.

This survey indicated that up to the present the training of physicians and psychiatrists in the techniques, uses and limitations of hypnosis has been sadly neglected. It was felt generally that psychiatrists, physicians and dentists should be trained in the techniques of hypnosis with emphasis upon an understanding of human personality and psychodynamics. In the field of psychiatry, it was felt that hypnosis should be used largely as a research tool until its place is better defined. However, it was felt that in the production of anesthesia and analgesia for obstetrics, dentistry and surgical procedures hypnosis definitely had a place. However, any physician or dentist using it should understand its emotional significance to the patient.

While there is an agreement that hypnosis is useful in the production of anesthesia and analgesia, it must be recognized that not all people react favorably to a feeling of "losing control" or the fact that they might be "coming under somebody else's influence." In the prepsychotic individual even a transient dissociation produced for dental analgesia through hypnosis may trigger untoward results.

Another area of danger is the use of posthypnotic suggestion. It is possible for the patient in hypnotic trance to be given various suggestions for automatic behavior at variable periods following termination of the hypnotic trance. During these periods of posthypnotic automatism the patient is unaware of his surroundings to some degree and may expose himself to danger or do some foolhardy deed. A number of such instances were reported in the survey.

There is no question that hypnotic methods represent a powerful tool in the hands of the physician who is knowledgeable on the subject. With an understanding of the psychological workings of his patient the doctor can, through hypnosis, recognize the patient's nonverbalized fears and can reassure him on the basis of his knowledge. However, hypnosis is a two-edged sword and when used unwisely and injudiciously or in areas beyond the range of the physician's competence, unfortunate results may develop. At times even in the hands of a skilled psychiatrist unexpected mishaps may occur in association with the use of hypnosis.

In the newspapers and the telephone directory are advertisements for institutes and consultants offering to "aid the personality, the memory, mind or nerves of patients and to relieve shyness, speech or sleep difficulties, eating or drinking problems" to name but a few. The background, training and motivation of many of these individuals is open

to question. The state of hypnosis is not therapeutic. It is what is done under hypnosis in relation to the total problem of the patient that counts. Too often these unscrupulous individuals have no qualifications whatsoever for the work they undertake to do.

Despite its long history very little is still known about the nature of hypnosis, its areas of usefulness and its possible dangers. Hypnosis should be taught to the medical students as part of their training so they can incorporate it into their medical armamentarium learning both the indications and contraindications for its use. Physicians or dentists using it should understand its uses and abuses and not venture beyond the limits of their professional training. The temptation to probe the psyche may lead to disaster. Even in the most experienced hands untoward events can occur. One psychiatrist reported the precipitation of overt psychoses in two patients. "I got scared and quit hypnosis." Another stated that he "cured" a patient's hysterical blindness, whereupon she stabbed her boy friend. Many reported psychotic episodes following hypnotic weight reduction.

The magical quality implicit in hypnosis gives the untrained practitioner feelings of omnipotence and psychotic episodes in the hypnotist himself are not infrequent. Several months ago a self-trained "hypnotist" killed several persons in a psychotic episode while trying to entice a girl into sexual activity in the hypnotic state.

The Committee on Mental Health of the California Medical Association has been studying this problem of hypnosis. The committee feels that the improper use of hypnosis can be very dangerous. Its studies have shown that very often the public is being misled, that unproved claims have been made, that the use of hypnosis is being oversimplified and cures are being overdramatized. The committee believes that the medical profession has a duty to inform the public and the members of the medical profession about the dangers of hypnosis and the limits of its proper use. It is a recommendation of the committee that courses in hypnosis should be given exclusively in conjunction with recognized medical teaching institutions under the Department of Psychiatry. These courses should be conducted over fairly long periods of time, perhaps six months, in conjunction with other undergraduate and postgraduate training in medicine.

In February, 1960, at the Annual Meeting of the California Medical Association, the House of Delegates passed resolution No. 37 which opposes the use of hypnosis for entertainment purposes because of the harm it may do to certain individuals, that it degrades a useful medical tool and that the California Medical Association should encourage

the introduction and passage of necessary legislation that would prohibit this dangerous and improper use of hypnosis.

Uses and Abuses of Hypnosis

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THE REVIVAL OF INTEREST in the use of an old medical tool—hypnosis, has attracted a great deal of attention of physicians, psychologists, dentists and laymen. Press, radio, television have highlighted its use as a spectacular and easy magical approach for the relief of pain and a rapid dissolution of symptoms as a quick and easy method to solve man's ills. Throughout the ages, and again now, man eagerly seeks a rapid easy and harmless approach to ease himself of pain, anxiety, fear and disabling symptoms. In this quest for the rapid cure or "magical pill" or method, enthusiastic claims cloud his critical judgment. Spectacular responses to suggestion as in hypnosis may often produce temporary relief without any consideration being given to the lasting value of the method used or the price man may have to pay in the long run for the "cure."

It is our responsibility as physicians most directly involved in the care of our patients to adhere strictly to this critical judgment and evaluation of methods used in medical practice. As psychiatrists, we should call to the attention of our colleagues the benefits and usefulness of hypnosis, but also its side effects and drawbacks.

The renewed interest in hypnosis by the public has resulted in pressure on the physician who seeks to meet demands of patients requesting the use of hypnosis for relief or cure of a multiplicity of symptoms. To satisfy these patients' pressures, many physicians who have never been interested or trained in the uses of this method have sought ways to fulfill this demand. "Quickie courses" on hypnosis sponsored by mixed professional and lay groups attempting to fill this vacuum have attracted physicians, dentists, psychologists, as well as laymen to supply this demand. The qualifications and motivations of many individuals sponsoring these one or two-day courses is open to question. A number of such courses or "seminars" have been closely tied up with entertainment and spectacular settings. One sponsor even offered to make reservations for "girlie shows" in Las Vegas during the "seminars" which would seem to identify hypnosis with entertainment and something spectacular as well as a gamble.

Fortunately, very few professional people who have learned this technique (which can be learned in an hour or two) have pursued its use in their

practice. The percentage of physicians who use this method in their practice is relatively small. Some anesthetists, obstetricians, surgeons, dentists, psychiatrists and general practitioners have used this tool to good advantage in selected and fairly well defined accepted medical areas with a minimal amount of adverse effects. By far the greatest harm results from the use of this method by untrained self-called psychologists, lay healers who advertise themselves as specialists in hypnotism. They advocate its use as a means in itself to remove symptoms and encourage the use of self-hypnosis.

Hypnosis is a valuable psychiatric tool but unwisely used can threaten the sanity of patients or of the untrained hypnotist himself, if unskillfully employed. A number of communications have come to my attention from psychiatrists who have had to deal with the delayed side effects of the original stimulus of hypnosis and which ended in a psychosis or a severe personality disturbance requiring extensive psychiatric help and often hospitalization. Several malpractice suits have been reported in which the competence of the one or two-day course hypnotist was under question. The American Medical Association legal department in 1959 cited two such malpractice suits involving large sums of money.

More and more cases with post-hypnotic bad effects are coming to the attention of psychiatrists, that began in a benign way with little attention to the knowledge of the whole problem facing the patient and no awareness of underlying psychodynamic factors involved. Meldman¹ is one of these physicians who are increasingly reporting personality decompensation after hypnotic symptom suppression. As medical director of a 50-bed psychiatric hospital, I have seen a few such patients who decompensated after one or a few hypnotic experiences requiring hospitalization and intensive psychiatric care. One such patient, previously an adequately functioning individual, accompanied a friend at her session of self-hypnosis. Several days later this onlooker was obsessed by the idea that the hypnotist had "taken her mind away." This was the beginning of an acute psychotic breakdown which, fortunately, was seen early and which responded rapidly to intensive psychiatric care.

Many times, symptoms such as phobias, nonorganic pain, hysterical paralysis or dermatitis, to name a few, are found in patients as a last line defense against a more serious and deeper emotional conflict such as a severe depression with suicidal ideas or a schizophrenic process. To remove these symptoms by means of hypnosis without first helping to establish a better method of dealing with the hidden problem may result in a serious eruption of the underlying problem. Physicians should have

a basic knowledge of personality structure, character defect disorders, mental mechanisms and a knowledge of the mechanisms of defenses in order to avoid untoward sequelae in the adjunctive use of hypnosis.

Doctor Harold Rosen, chairman of the A.M.A. Committee on Hypnosis, warns against the encouragement of the use of self-hypnosis unless the person who attempts to use it has had an intensive multi-session psychiatric evaluation. He reports how some dentists and obstetricians have suggested to hypnotized patients that they can self-hypnotize away future headaches, cramps or malaise. In at least three cases such patients have developed dangerous sequelae.

Hypnosis may induce psychopathological states in the hypnotist himself. It may invoke in him fantasies of omnipotence and omniscience. Doctor Rosen, in the past seven years, states that he and his associates have been asked to see as patients never less than three hypnotist colleagues a month. Some of these have been psychotic and a number required closed ward hospitalization. Among the psychotic hypnotists were several teachers of so-called "medical-dental hypnosis."

The classified ads in our daily newspapers, as well as the telephone directory, under the heading of hypnotism list high-sounding institutes and consultants who are lay people offering to give "aid for personality, memory, mind, nerves, shyness, speech defects, insomnia, confidence; to stop smoking and drinking, relax, sleep," etc. Some of these hypnotists have been seen professionally by me in consultation for their own problems and one can question the background, training and motivation of these individuals. The state of hypnosis is not therapeutic. It is what is done under hypnosis in relation to the total problem of the patient that counts and this would include all of the medical aspects involved.

The public and medical profession is in need of protective laws similar to the Harrison Anti-Narcotic Act, Federal Pure Food and Drug Cosmetic law, and State Medical Practice laws to curb the use of hypnotism by other than qualifying persons. Already some communities in our state have taken steps to enforce Section 2141 of the California Business and Professions Code. They correctly hold that hypnotism has continued to be used with satisfying results in the practice of medicine with certain types of mental disturbances, and it is the opinion of the Board of Medical Examiners that the use of hypnotism by other than qualified persons is a dangerous procedure which might affect the health of the person involved. The public must be protected from charlatans, quacks and other unscrupulous persons.

In the past year, the C.M.A. Committee on Mental Health took note of the fact that quite a few people were advertising to the general public and the professions the fact that they are giving a course in hypnotism. These courses range from covering a period of a few hours to a few days. It was also pointed out that many medical societies and physicians are being asked to recommend a qualified hypnotist.

The committee agreed that the improper use of hypnosis can be very dangerous to some people. It was felt that the public is being misled, that unproved claims are being made, that its use is being oversimplified and many hypnotic events are being overdramatized. Further, this committee pointed out that the medical profession has a duty to inform the public and its own members about the dangers of hypnosis and the limits of its proper use. The committee recognized that it is relatively easy to learn the technique of inducing hypnosis. It was the recommendation of the committee that courses in hypnosis should be given exclusively in conjunction with recognized medical teaching institutions under the Department of Psychiatry. They took note of the comment of the A.M.A. Committee on Hypnosis that stated that courses in hypnosis should be conducted over fairly long periods of time, perhaps six months or more, in conjunction with other pre- and postgraduate training in medicine. The departments of psychiatry of the medical schools in our state have indicated a willingness to plan and provide such courses.

During the past year, the C.M.A. passed Resolution No. 37 which opposes the use of hypnosis for

entertainment purposes because of the harm it may do to certain individuals, that it degrades a useful medical tool and that the C.M.A. shall encourage the introduction and passage of necessary legislation to prohibit this dangerous and improper use of hypnosis.

Wolberg,² in his article on Hypnotherapy which I can recommend to every physician for reading, points out how "hypnosis has never been freed from the obloquy of its superstitious origins which compromise its reputation to this day." He writes of "misguided and overenthusiastic disciples who are motivated to find phenomena in the trance state (which he uses synonymously with hypnosis) that satisfy their inner needs for the bizarre." He further states that "Hypnosis is falsely advocated

- 1) as a scalpel to the unconscious in an effort to effectuate a short cut psychoanalysis;
- 2) as a bludgeon to crush and disintegrate symptoms;
- 3) as a device to bring the patient into conformity with philosophical precepts and modes of living dictated by the therapist who presents himself as a model."

We return to the tenet that only by understanding the side effects and dangers of any medical discipline can it effectively and correctly be used.

REFERENCES

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